EXHIBIT A

FORM TO "OPT IN" TO FIFTH THIRD SETTLEMENT MONIES

Please read the **OPT IN Instructions on the reverse side** before completing this form. Capitalized terms used below have the definitions given them in the OPT IN Instructions.

_____ $_____
Printed Name of Class 4 Creditor   Filed Claim Amount

        By signing below, _____ on behalf of itself and any affiliates (collectively referenced herein as "Creditor") chooses to OPT IN and share in the Fifth Third Settlement Monies under the confirmed Plan of Eastern Livestock Co., LLC ("ELC"). Creditor understands and agrees that in consideration for the obligations of Fifth Third Bank and the Trustee as set forth in the Plan, that Creditor, to the fullest extent permitted under applicable law, hereby forever waives, releases and discharges Fifth Third Bank, the Trustee and each's respective officers, directors, employees, shareholders, attorneys, insurers, agents and affiliates, predecessors, successors and assigns from any and all claims, obligations, suits, judgments, damages, rights, causes of action and liabilities, whether for tort, fraud, contract, violations of federal or state securities laws, or otherwise, whether liquidated or unliquidated, fixed or contingent, matured or unmatured, known or unknown, foreseen or unforeseen, then existing or thereafter arising, in law, equity or otherwise held by Creditor or its affiliates and in any way arising from or related to the Debtor, any affiliates of the Debtor, the Chapter 11 Case, property of the Debtor's bankrutpcy estate, the Plan, or the acts or omissions of Fifth Third or the Trustee related to the Debtor, any affiliates of the Debtor, the Chapter 11 Case, property of the Debtor's bankruptcy estate, or the Plan arising.on or prior to the Confirmation Date.   This waiver and release is effective when executed, subject to the occurrence of the Effective Date.

                        _____
                        Signature

                        _____
                        Printed Name

                        _____
                        Position/Title:

                        Date: _____

Witnessed by: _____

_____
Printed Name and Address

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